



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SELECT PHYSICAL THERAPY
4716 GETTYBURG ROAD
MECHANICSBURG PA 17055

Respondent Name

OLD REPUBLIC INSURANCE CO

Carrier's Austin Representative Box

Number 44

MFDR Tracking Number

M4-12-3045-01

MFDR Date Received

June 1, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...Explanation: The above mentioned patient's claims originally processed and paid but denied the 97530 codes for being mutually exclusive. It is true that when billing a 97150 or 97140 code with the 97530 code, it is mutually exclusive and does not get reimbursed. However, per [sic] national CCI edit guidelines, as long as the 97530 code has a 59 modifier attached, it is not considered mutually exclusive and therefore able to be paid..."

Amount in Dispute: \$179.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Clinical Validation has reviewed and has determined per the CCI (Correct Coding Initiative) edits, the 97530 was denied as mutually exclusive to 97140 appropriately. One of the codes needed to be denied since both codes should not be allowed in the same session and in this case the lesser value code was denied."

Response Submitted by: Gallagher-Bassett Services Inc

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
October 11, 13, 20, 25, 2011	97530-GP-59	\$179.60	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 *Texas Register* 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanations of benefits

- 23 – the impact of prior payer(s) adjudication including payments and/or adjustments
- 12 (125) - submission billing errors
- 23 (231) – mutually exclusive procedures cannot be done in the same day/setting

Issues

1. Are the billed codes mutually exclusive?
2. Did the requestor support the use of the -59 modifier?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b) states, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The Correct Coding Initiative (CCI) edit for this dispute states "procedure [97140] and component procedure [97530] are unbundled. The Standard Policy Statement reads 'mutually exclusive procedures'. The use of an appropriate modifier may be allowed." The billed codes 97140 and 97530 are mutually exclusive; however, the requestor appended modifier -59 to CPT code 97530.

2. The National Correct Coding Initiative (NCCI) defines Modifier -59 as "to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes. NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows use of NCCI-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters. Modifier -59 and other NCCI associated modifiers should NOT be used to bypass an NCCI edit unless the proper criteria for use of the modifier is met. Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used."

The requestor submitted documentation for review. This documentation does not identify the two procedures as being performed at different anatomic sites or different patient encounters. Therefore, the -59 modifier is not supported.

3. The requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March , 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.